LANDER UNIVERSITY

Office of Financial Aid
Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 24LOWS
320 Stanley Avenue, Greenwood, SC 29649 | lander.edu/finaid | Email: finaid@lander.edu

2026-2027 Low Income Verification Request – Independent Student

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Student's Last Name **First Name** **MI** **Lander ID (L#)**

Dear Student:

The income you reported on your 2026-2027 Free Application for Federal Student Aid (FAFSA) appears unusually low. Please provide a detailed explanation of how you (and your spouse and dependents, if applicable) were able to meet your expenses for food, clothing, shelter, utilities, transportation, etc. in 2024:

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Please provide the actual dollar amount of any income you received, including cash support or bills paid on your behalf (and spouse/dependents, if applicable) by another person or agency in 2024. This includes (but is not limited to) money, gifts, housing, food, clothing, car payments or expenses, medical and dental care, and payment of college costs. Do not include financial aid. Be sure to list the source of income.

Expense	Amount Paid on Student's Behalf for 2024 (1/1/24-12/31/24) for each expense item	Source (Parent, friend, government agency, etc.)	FAO use only: Count as Untaxed? Y or N
Housing			
Food			
Clothing			
Car payments or expenses			
Medical or dental expenses			
Payment of college costs			
Other expenses paid on your behalf for 2024			

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Student's Signature Phone # Date

DATA ENTRY		COUNSELOR REVIEW	
RRAAREQ	xxLOWS = N CNSLV = N	Refer to the FSA Application and Verification Guide for how to count each expense based on source.	
Initials/date		RNAVRxx and Verf Review Worksheet completed	
Fwd to Counselor date		Calc need and update ROAUSDF efc and trans	
		RRAAREQ	S = Satisfied, eligible
		RHACOMM	
FSA AVG Guide Ch. 1 and 2		CNSLR Initials/date	